

**NURSE AIDE REGISTRY
FIVE DAY FOLLOW-UP REPORT
FAX TO: (304) 558-1442**

NAP

PURPOSE: THIS FORM IS TO BE COMPLETED IN ITS ENTIRETY TO REPORT ALLEGATIONS OF ABUSE, NEGLECT OR MISAPPROPRIATION OF RESIDENT'S PROPERTY BY A NURSE AIDE. **THE EVAL-CODE (REGISTRATION NUMBER) IS REQUIRED.**

Incident date:		Is this report being submitted within 5 working days of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If No, please explain:				

Name of Alleged Perpetrator:		Eval code # : (Registration number) _____ <small>The registered nurse aide's eval-code must be provided, or the form will be returned for completion.</small>		
Title:				
Home Telephone #:	() _ _ _ - _ _ _ _			
Substantiated <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility Action(s):	<input type="checkbox"/> Terminated	<input type="checkbox"/> Suspended	<input type="checkbox"/> Counseled
		Date: _____		

Facility Name:				
Facility Telephone #:				

Narrative investigative report:				

Name of alleged victim:		Mental capacity:	
Did the alleged victim require medical attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:			
Reported to APS	<input type="checkbox"/> Yes <input type="checkbox"/> No	APS Report Obtained:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remember to provide the OHFLAC-NATCEP with the registered nurse aide's Eval-code / registration number.

Witness Name	Address	Eval-code#	Title

Name of Complainant:		Relationship to Resident:	
Signature and Title of Person Completing Form:			Date: _____

Please attach a copy of the immediate with this form to (304) 558-1442